

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041939

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 5227 Registrar's No. 199

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0190

2 0192

3

4 1

5 1

6

7 0

8 2

9 X

10

11 019

12 91-3

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Peculiar Township		Length of stay in lb Instant	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Us # 71 By-pass		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS 403 E. Mechanic		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) RUTH ELIZABETH TUCKER		4. DATE OF DEATH Month Nov. Day 29 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/14/1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker		11. BIRTHPLACE (City and state or country) Lee's Summit, Missouri	
13a. FATHER'S NAME Carl Reed Sechler		13b. MOTHER'S MAIDEN NAME Artie Bisher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		17. INFORMANT Name Lee H. Tucker Address Harrisonville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Car Accident PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH Instant
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car Accident	
20c. TIME OF INJURY Hour 4:00 p.m. Month, Day, Year 11-29-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 mi n on 71 By-pass		20f. CITY, TOWN, OR LOCATION Harrisonville	
21. I attended the deceased from _____ and last saw her him alive on _____		22. ADDRESS Harrisonville Mo.	
22a. SIGNATURE Sharon Cummins		22c. DATE SIGNED 12-1-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/1/1962	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery	23d. LOCATION (City, town, or county) Lee's Summit Missouri
24. FUNERAL DIRECTOR Langsford Funeral Home, Lee's Summit, Missouri		25. DATE RECD. BY LOCAL REG. 12-1-62	
26. REGISTRAR'S SIGNATURE Robert Sechler			

APR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert W. Actman

Licensed Embalmer No. 7902

P. O. Address Hammond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.